

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3111

State File No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

44

| | | | |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2-2-1-1 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | e. STREET ADDRESS (If rural, give location) 26 1304 Palm Street | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Underberg c. (Last) Underberg | | 4. DATE OF DEATH (Month) (Day) (Year) January 2nd, 1950 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 1st, 1893 |
| 9. AGE (In years last birthday) 56 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME John Steding | |
| 14. MOTHER'S MAIDEN NAME Louise Brimmermann | | 15. NAME OF HUSBAND OR WIFE August Underberg | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No | | 17. SOCIAL SECURITY NO. None | |
| 18. INFORMANT'S SIGNATURE OR NAME August Underberg, 1304 Palm Street | | ADDRESS. | |
| 19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic DUE TO (c) Heart Disease 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 20. DATE OF OPERATION 19 | | 21. MAJOR FINDINGS OF OPERATION | |
| 22. ACCIDENT SUICIDE HOMICIDE (Specify) | | 23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 24. CITY, TOWN, OR TOWNSHIP (COUNTY) 93 | | 25. STATE | |
| 26. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 28. HOW DID INJURY OCCUR? | | 29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 30. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:06 A.M., from the causes and on the date stated above. | | | |
| 31. SIGNATURE Patrick E. Paylor, Cor. 3 | | 32. ADDRESS 1300 Clark | |
| 33. DATE SIGNED 11/3/50 | | 34. NAME OF CEMETERY OR CREMATORY Saint Peters Cemetery | |
| 35. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | 36. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd. | |
| 37. DATE REC'D BY LOCAL REG. JAN 3 1950 | | 38. REGISTRAR'S SIGNATURE J. B. Lassiter | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Coroner.)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.